



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Division of Medicaid and State Operations, Region VI

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Regional Survey and Certification Letter No. 02-09

To: All State Survey Agencies (Action)
All Title XIX Single State Agencies (Information)

Subject: Outpatient Physical Therapy (OPT) and Outpatient Speech Pathology (OSP) Services

Our Regional Office (RO) has recently become aware of some inconsistencies in the way our State survey agencies are evaluating compliance with 42 CFR Chapter 4, Subchapter G, Subpart H -- Conditions of participation for Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of OPT and OSP Services. Specifically, we have found three problems.

1. Some survey agencies are not assuring that they are surveying and recommending for certification only those organizations that may qualify as OPT/OSP providers. The regulations at 42 CFR 485.703 and guidance in State Operations Manual 2292 state that only clinics, rehabilitation agencies, or public health agencies as defined in CFR 485.703 qualify to be certified as OPT/OSP.
2. State survey agencies are not always obtaining sufficient evidence that the provider meets the conditions at 42 CFR 485.717 which specify that the rehabilitation agency must provide, in addition to physical therapy or speech pathology services, social or vocational adjustment services to all of its patients who need them. The agency must provide for special qualified staff (psychologist, social worker, or vocational specialist) to evaluate the social and vocational factors, to counsel and advise on the social or vocational problems, and to make appropriate referrals for needed service. Sufficient evidence of compliance with this standard will take various forms. For example, we have seen instances where the provider has chosen to use a form as a screening tool for identifying patients who need social or vocational adjustment services. The information is collected from the patient by other therapists or staff members for the qualified staff to evaluate. The surveyor should evaluate if the form provides the qualified staff enough information to identify the patient's social or vocational needs. **The patient is not qualified to make a self-evaluation for these services.**
3. State survey agencies are not always obtaining enough information to verify that social or vocational adjustment services are provided by salaried employees or under arrangements as required in 42 CFR 485.717(b). Social or vocational adjustment services may be furnished under an arrangement other than through a salaried employee via a written contract. The contract must specify the term of the contract and the manner of termination or renewal and provide that the agency retains responsibility for the control and supervision of the services. If the rehabilitation agency does not employ or have a written contract with a qualified person to furnish this service under arrangement, **the condition is not met.** If in a review of the records, the surveyor doesn't find that social services were ever documented, we recommend the surveyor



contact the qualified professional named in the contract to verify that he/she is actually available to provide services for the rehabilitation agency.

We appreciate your cooperation and support in implementing a consistent survey process for providers. If you have any questions about this guidance, please contact Ginger Odle at (214) 767-4413 or Connie Jones at (214) 767-6213.

Sincerely

Molly Crawshaw, Chief
Survey and Certification Operations Branch
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